PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
Гт	OTAL CLAIM	9	(Colum	(Column 1)		(Column 2)		TYPE		OR		
			50				-	RATE	FEE		RATE	FEE
F	OR ————————		NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 385.0	0 OR	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			ζ <i>b</i> minus 20=		* 36			X\$ 9=		OR	X\$18=	648
ĺΝ	DEPENDENT (CLAIMS	i () minus 3 =		*	7		X43=		OR	X86=	602
MULTIPLE DEPENDENT CLAIM PRESE								4.45				1000
* If the difference in column 1 is less than zero, enter					"0" in	column 2		+145= TOTAL	-	OR	+290=	0
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	2020
		(Column 1)		(Column 2) (Column				SMALL	. ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	*	Minus ***			=		X43=		OR	X86=	
	TINOT PRESE	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM			. 1 45	1	1	000	
							L	+145=	<u> </u>	OR	+290=	
(0.1								DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
_		(Column 1)]	(Colum HIGHE		(Column 3)	-			, ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	上	X43=		1 h	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT (CLAIM		┢		 	OR	700=	
						•	L	+145=		OR	+290=	
								TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)						
MENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=			X\$18=	
M	Independent		Minus	***		=	┢		· ·	OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
*** f	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pai nber Previously Paid	d For" IN THIS d For" IN THIS	S SPACE is le	ess than	20, enter "20."		TOTAL DIT. FEE	ropriate boy	OR AL	TOTAL DOIT. FEE	